ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO (D. Did you, your spouse, or your dependent child have any reportable 1. Did you receive compensal liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., sateries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No outside entity during the reporting period?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable benefit or in the current callend.
U ANSWER "YES" E REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	e agreement or arrangement with an ting period or in the current calendar ng?	E. Did you hold any reportable positions during the reporting period or in the current catendar year up through the date of filing?
	Yes Y	Yes No 14	Yas

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded se, or dependent child?	Yes No K
sause they meet all three tests for	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Or Sam Alexanter

Use additional sheets if more space is required.	Pansion !	Spase 55	Farm land	Company of the Compan		SP. Users Com Street	For bank and other cesh ecocums, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every francial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., 'terrial property,' and a city and state. For an ownership interest in a privately-held business that not poticity braded, state the name of the business, he nature of its advictes, and its geographic location in Block A. Persuades vous personal residence, including second homes during the reporting period); and any financial interestin, or income derived from, a feature frommer program, including the Thrift Sevings Plan. If you report a privately-traded fund that is an except a that of your spouse (SP) or department child (DC), or jointly held with anyone (LT), in the optional education of Schredule A ferequishments, please trath to the frathuction bookles.	For all IRAs and other reliestation plans (such as 401(s) plans) provide the value for each asset had in the account that accesseds the reporting thresholds.	Provide corrulets names of stocks and mutual funds "Co (do not use only ticker symbols).			ing period		Assets and/or income Sources	BLDCX A
				×	- Constitution - Cons	×	\$1,00°+\$10,000 © \$1,00°+\$10,000 © \$15,00°+\$10,000		"Courn file for essets field by your spouse or depende child in which you have no interest.	be Tione.	en esset was sold during the	specify the method used.	icate value of asset all close of t	Value of Asset	вгосж в
			X				\$500,001-\$1,000,000							8991	
			Face	Partierth	Double.	×	DIVIDENDS RENT SYTEREST CAPITAL GARG EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specily, e.g., Partnerstip Income or Form Income)		generated no income during the reporting period.	disclased as importe for assets held in texable ecocupte. Check "Note" if the asset	pital gains, even if reinvected, muel	(RA, or 529 accounts), you may check the "Tax-	Check all odumns that apply. For ecounts tha	Type of income	втоскс
	X	7	\(\frac{1}{2}\)	×	F	*	None		range	Column XI is t	Check "None" I	assets indicate	For essets for w		
						×	\$100,001-\$1,000,000			or assets held by your spouse or dependent child in which you have no interest	med organerated.	the category of income by checking the appropriate box below. Dividends, interset, and then it makes that in taxable accounts	Tax-Deferred" in Block C, you may ch	Amount of Income	BLOCKD
	*	×	*	×	*		\$2,501-\$5,000 < \$3,001-\$15,000			h you have no interest.		x below. Dividends, interest, and	sak the "Name" caturan. For all other		

SCHEDULE C - EARNED INCOME

Name: Dr SAM Alexanber Page 3 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and thensits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you are on House payroll. The 2020 limit on outside sarred income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. Amount	employment by the U.S. governor exceeding \$1,00 to earned income exceeding \$1,00 to benefite received under the Sociations on types of income r \$28,845. The 2021 limit is \$29,58 embers and senter staff.	nent) totaling \$200 or more during to the seamples below. Is Security Act. Is Security to you after you are on Ho is addition, certain types of incontinuous.	he reporting period. For both the filer use payroll. The 2020 limit on outside ne (notably honoraria, director's fees,
Source (include date of receipt for honoraria)	Туре	Custost Vaca to Silice All	Amount Bosodica Your
Examples: Ascitated Assistate Balance AD Luk (S)	Honoratum Sature	000 B.S. 05	275.000 2500
Object County Board of Education	Spoure Spiery	NA	N/A
Emergency Physicans of Springfreld	Salary	#245 99800	A 267, 12900
ي د		•	

SCHEDULE D - LIABILITIES

	Name:
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; ilabilities of a business in which you own an inferest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or your spouse. Report a revelving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependentchild.

Î	_					·	
					D. 37		
			2	Example		_	
			rone	First Bank of Wilmington, DE	Creditor		
				5/20	Date Liability Incurred MO/YR		
				Morigage on Rental Property, Dover, OE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,061- \$50,000	•	
					\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	0	_
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	70	
					\$1,000,001- \$5,000,000	6	
					\$5,000,001- \$25,000,000	3	
					\$25,009,001- \$50,909,000	_	
					Over \$50,000,000	٤.	
3					Over \$1,000,000* (Spouse/DC	*	

SCHEDULE E - POSITIONS

Report all positions, complemented or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, monprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Member	Oversight Healthnet Committee State of Missour

SCHEDULE F - AGREEMENTS

rns of any agreement or anangement th	NTS
et you have with respect to: future em	Name: O
ms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of governmen	Name: Or. Sam Alexander
seriod of government service;	Page 5 of 5

1

Identify the data, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfare or benefit plan maintained by a former

,		
Date	Parties to Agreement	Terms of Agreement
	Deve	
		•

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business stillistion for services provided directly by you during the current year and two years. This includes the names of clients and customers of any corporation, farm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Sold tribuil and the international continuents as a result of a branches accordance of the contract of the second	PLANTAGE CONTRACTOR OF 100-100 IN-100
Source (Name and City/State)	Brief Description of Duties
Exemple: Doe Jones & Smith, Hometown, State	Accounting Services
nene	